



Free Methodist Church – USA Defined Benefit Pension Contribution Payment

Authorization Agreement for Automatic Withdraws (ACH Debits)

I (we) hereby authorize Free Methodist Church – USA, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to _____ (church name and number): checking or savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Type of Account: _____ Checking _____ Savings

Depository Name _____

Branch _____

City _____ State _____ Zip _____

Transit/ABA # _____ Account # _____

This authority is to remain in full force and effect until COMPANY has received written notification from _____ (church name and number) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Church Name _____

Authorized Check Signer Name: _____ please print clearly

Position _____ Email address of person/s to receive monthly invoices
_____ (email is required)

Phone # _____ Signature _____

2nd Authorized Check Signature (if required) _____

Date of Authorization _____

**** IMPORTANT: PLEASE ATTACH A VOIDED CHECK**
(The image below shows the necessary account information needed above.)



Return completed form to: hrdept@fmcusa.org by way of secure file transfer site, WeTransfer: hrdeptfmcusa.wetransfer.com; fax: 317.244.1503; or mail: FMC-USA Human Resources, 770 N. High School Rd., Indianapolis, IN 46214